

CERTIFICATION - NO SOCIAL SECURITY NUMBER ASSIGNED

I, _____ certify
that:

☐ I do not have a Social Security number.

☐ _____, age _____, is a
member of my household and does not have a Social Security
number.

I understand that when a Social Security number is assigned to me or the
above named minor member of my household, I must provide documentation to
the Housing Authority at my next regularly scheduled reexamination.

Signature

Date

Signature of Parent/Guardian for

Date



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